DONOR CONTRIBUTION FORM	
Please print the following information	n:
SI I	Mr. / Mrs. / Ms.
State Charitable Campaign	First Name
State Agency	Work Location
Employee ID	Email Address
ANNUAL CONTRIBUTION: Fill in the blank showing the amour	it of your payroll deduction and the total of your annual contribution.
\$5\$10 x 12 pay periods = \$	Code Annual Amount
\$15 $$ \$20 x 26 pay periods Total	annual gift ————————————————————————————————————
\$25\$(Please Circle) OR	·
ONE-TIME CONTRIBUTION: Fill in the blank showing the amount or check contribution and the total of your one-time contribution. —— Cash —— Check (payable to SCC) for a total of \$	Specify the agency(ies) you wish to support using the code from the list provided. Indicate the portion of
	whole or partial consideration for any contributions made to the organizations via this pledge card.
DONOR ACKNOWLEDGEMENT: At your request, SCC will notify	the organizations you designated for your support.
— Yes, I'd like to receive an acknowledgement from the agencies	've designated. Please release the following contact information:
Home Street Address	City, State, Zip
☐ Release my email address ☐ Release my amount	
No, I do not want to receive acknowledgement.	Donor Signature Date

DONOR CONTRIBUTION FORM				
Please print the following information: Last Name State Charitable Campaign State Agency			Mr. / Mrs. / Ms. First Name Work Location	
Employee ID			Email Address	
ANNUAL CONTRIBUTION: Fill in the bla \$5\$10	periods = \$\frac{\\$\text{Total an}}{\text{Total an}}\$ OR ank showing the amount re-time contribution.	nual gift of your cash	Code ————— ————— Specify the agency(ies	f your annual contribution. Annual Amount you wish to support using the ided. Indicate the portion of
Cash Check (payable to SCC) for Your gift is tax deductible in the year paid. SCC agencies do n DONOR ACKNOWLEDGEMENT: At your	ot provide goods or services in wl	nole or partial consider	ation for any contributions ma	
— Yes, I'd like to receive an acknowledgeme	•			• •
Home Street Address		City, State, Zip		
Release my email address	elease my amount			
No, I do not want to receive acknowledge	ment.	Donor Signature		Date

DONOR CONTRIBUTION FORM				
Please print the following info	ormation:	My / Mys / Ms		
State Charitable Campaign Last Name		Mr. / Mrs. / Ms. First Name		
State Agency		Work Location		
Employee ID		Email Address		
ANNUAL CONTRIBUTION: Fill in the blank showing th	ne amount of your payroll d	eduction and the total o	f your annual contribution.	
\$5\$10 x 12 pay periods	\$	Code	Annual Amount	
	Total annual gift			
ONE-TIME CONTRIBUTION: Fill in the blank showing the amount of your cash or check contribution and the total of your one-time contribution. —— Cash —— Check (payable to SCC) for a total of \$		Specify the agency(ies) you wish to support using the code from the list provided. Indicate the portion of your total gift the organization should receive.		
Your gift is tax deductible in the year paid. SCC agencies do not provide goods on the provide goods of the provide goods of the provide goods on the provide goods of the provid	·	•	, ,	
Yes, I'd like to receive an acknowledgement from the a	gencies I've designated. Pl	ease release the followi	ng contact information:	
Home Street Address	City, State, Zip			
☐ Release my email address ☐ Release my am	ount			
No, I do not want to receive acknowledgement.	Donor Signatur	e	Date	

DONOR CONTRIBUTION FORM			
Please print the following info	ormation:		
		Mr. / Mrs. / Ms.	
State Charitable Campaign		First Name	
State Agency		Work Location	
Employee ID		Email Address	
ANNUAL CONTRIBUTION: Fill in the blank showing th	e amount of your payroll d	eduction and the total o	f your annual contribution.
\$5\$10 x 12 pay periods _	\$	Code	Annual Amount
\$15\$20 x 26 pay periods	Total annual gift		
\$25\$(Please Circle)			
ONE-TIME CONTRIBUTION: Fill in the blank showing to check contribution and the total of your one-time contribution.	the amount of your cash oution.) you wish to support using the
Cash Check (payable to SCC) for a total of \$		code from the list provided. Indicate the portion of your total gift the organization should receive.	
Your gift is tax deductible in the year paid. SCC agencies do not provide goods o	or services in whole or partial consid	eration for any contributions ma	de to the organizations via this pledge card.
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Home Street Address	City, State, Zip		
☐ Release my email address ☐ Release my am	ount		
No, I do not want to receive acknowledgement.	Donor Signatur	e	Date